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Navy & Marine Corps Medical News

MN-98-15

April 17, 1998

This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Technology eases way to update DEERS addresses

AURORA, Colo.--Have you put off updating your address in the Defense Enrollment Eligibility Report System (DEERS) records because you don't have time to go to your military personnel office?

Now it is easy to change your DEERS address! If you have access to the Internet, you can email address changes to the DEERS database. The email address for DEERS is: addrinfo@osd.pentagon.mil

Your email should include the sponsor's name and social security number, the address changes you want to make, the names of other family members affected by the address change, the effective date of the address information, and your telephone number including area code.

The DEERS email address can be used only to update your address or the addresses of your dependents. If you need to update other information, or if you don't have Internet email, you can update your records in the DEERS by initiating a request through your nearest military personnel office. Fax address changes to (408) 655-8317; mail address changes information to the DEERS Support Office, ATTN: COA, 400 Gigling Road, Seaside, CA 93955-6771; or call the DEERS Support Office at (1-800) 334-4162 (California only) or (1-800) 527-5602 (Alaska and Hawaii) or (1-800) 538-9552 (all other states). The best calling time to avoid delays is 9

a.m. to 3 p.m. Pacific Time, Wednesdays through Fridays.

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Headline: Navy doctor wants kids to "kick butts"

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla.--The lung specialist, LCDR Jeff Timby, MC, was inciting a group of pre-teens at Naval Air Station Pensacola's "Star-Base Atlantis" program. He was encouraging them to send a loud and clear message to visiting Assistant Secretary of Defense for Health Affairs, Gary Christopherson, that the use of tobacco products was being replaced by a "Kick Butts Day."

What's the leading cause of death in America, today?" Timby asked the Jim Allen Elementary School students. "Tobacco!" they screamed in response. "So, what are you going to do about it?" Timby implored. "Don't smoke!" again they screamed.

It was music to Christopherson's ears as he also toured the Naval Operational Medicine Institute at NAS Pensacola, one of 300 designated sites across America that participated in the third annual smoking cessation "Kick Butts Day."

At time when smoking related deaths total more than 480,000 a year, LCDR Timby had a personal message for all the students -- ages 10-15 years -- at both stops along the April 2 "Kick Butts Day" tour.

"Do doctors smoke?" Timby asked the students. "I smoked -- and I'm a lung doctor -- when I was a teenager, but stopped at age 19 for two reasons," he paused. "I was a competitive swimmer," the Philadelphia, Pa., native said, "and had just finished last in a meet because I couldn't breathe.

"But more importantly," he continued, "my father, who smoked regularly, was diagnosed with lung cancer at the age of 49."

Timby is now in charge of the Internal Medicine Department, where the number one diagnosis for patients is chronic lung disease.

To emphasize how serious Navy Medicine is about attacking smoking, Naval Hospital Pensacola has been declared smoke free. There is no smoking from fence-line to fence-line. The hospital's Health Promotion Department now directs a smoking cessation program with a success rate of more than 45 percent.

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Headline: New ophthalmic satellite center assists readiness

By HM1 Joseph Wolfe, Naval Ophthalmic Support and Training Activity

YORKTOWN, Va.--The Naval Ophthalmic Support and Training Activity (NOSTRA) will take another step in providing timely optical support and improving readiness with the May 1 opening of its satellite facility at National Naval Medical

Center Bethesda.

Customers using the NOSTRA satellite facility can expect to have eyeglass prescriptions completed within 20 to 60 minutes. This quick turnaround time includes single vision, multifocal and tinted lenses. Customers may also choose from six frame styles from the Frames of Choice program.

"The prescriptions are entered into the computer at the optometry clinic as soon as [the patient's] examination is finished," said Chief Petty Officer Norman Watson, a hospital corpsman and optician at the facility. "It immediately prints out in our laboratory, and we go right to work."

This sixth NOSTRA satellite optical facility also has the "FastCast" lens system, which allows almost immediate fabrication of multi-focal lenses. Historically, most of the multifocal lens prescriptions were sent to the NOSTRA main laboratory in Yorktown, Va. That method increased the product cost as well as waiting time for the patient.

Using FastCast, glass template molds create the front and back surfaces of lenses. Under optimal conditions, the system can produce up to 15 pairs of lenses per day costing about one dollar per lens.

"It's a great idea," said Hospital Corpsman Second Class Marion Rains. "It's better and it's faster. Patients don't have to wait, which comes as a big surprise to patients that have waited several weeks for glasses in the past." This re-engineered business practice also provides another readiness benefit for the Navy. If there is a rapid deployment of USNS Comfort (T-AH 20), the satellite facility will support deploying personnel.

NOSTRA's other five optical detachments are located at Naval Hospital, Camp Lejeune, NC; Naval Hospital, Pensacola, Fla.; Branch Medical Clinic, Naval Station, Mayport, Fla.; Branch Medical Clinic, Sewells Point, Norfolk, Va.; and Branch Medical Clinic, Little Creek Amphibious Base, Norfolk, Va.

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Headline: Doctors on liberty save heart attack victim
By CDR Terry L. Puckett, MC, Naval Operational Medicine
Institute

PENSACOLA, Fla.--Weekends are made for unwinding and hanging out with friends after a long intense week. Well, not on one recent Saturday night for student flight surgeons LT Mark A. Staudacher, MC, and LT Craig R. Spencer, MC.

The evening was about over as Staudacher and Spencer left a local nightclub and headed back to their cars. Noticing a crowd gathered in the parking lot, their curiosity was peaked. As they walked across the parking lot and joined the crowd, they noticed a familiar face. They had seen the young Marine that was lying on the ground in front of them earlier that evening.

They immediately put their medical training to use. The Marine was having extreme difficulty breathing and the doctor

could not find a pulse. Staudacher and Spencer immediately began cardiopulmonary resuscitation. The emergency medical service arrived equipped with advanced cardiac life support equipment. The doctors then added cardiac electrical shock to their recovery techniques. Although the patient was having a life-threatening abnormal cardiac rhythm, two shocks later his heart rhythm returned to normal. Still receiving assisted breathing and medication, he was taken to the hospital.

The young Marine experienced an unfortunate incident, but he was fortunate that two Navy doctors were in the right place at the right time.

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Headline: Medical center aids rescued aircrew
By JO1 Joe Parker, Naval Medical Center San Diego

SAN DIEGO--Mayday! Mayday! We're going down! Ejecting now! It is a call no squadron wants to hear, yet it is the type of call Navy emergency rooms prepare for every day.

In late March such a call occurred. An S-3B Viking aircraft crashed off the coast of Southern California during a routine training mission.

After the dramatic helicopter rescue at sea of four aviators, the emergency department at Naval Medical Center San Diego was put to the readiness test.

Within seconds of receiving notification, ambulances were dispatched to the hospital's helicopter pad to await arrival of the injured aircrew.

In the emergency room, a multi-disciplinary trauma response team of emergency physicians, surgeons, nurses and corpsmen awaited arrival of the injured.

It was already a busy day in the emergency room, with every bed full, but the staff worked quickly to make room for the new arrivals.

When the aircrew arrived, each man received evaluation for external or internal injuries and to determine if he suffered from hypothermia. Prolonged exposure could have lowered the men's body temperatures and caused shock. The third concern was ingesting of water into the lungs. It can occur to people in the water, even to those wearing life vests.

Fortunately, on this day, the response team found no immediate life-threatening injuries. The Naval Air Station North Island aviators had been lucky.

An after action review of the medical center's response showed that it brought just about all of its resources to bear when treating the aircrew. Radiology provided extra technicians and portable x-ray units. The laboratory raced to provide rapid blood tests turnaround and patient administration smoothed the admissions process.

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Headline: Readiness drill pays off for branch medical clinic
By LT Hugh J. Cox, MSC, U.S. Naval Medical Clinic, London

LONDON -- A British truck driver, delivering supplies recently to the US Navy Exchange, Joint Medical Facility, St. Mawgan, England began complaining of chest pain shortly after he began unloading the truck.

A Senior Chief Petty Officer telephoned the Naval Branch Medical Clinic requesting medical assistance for the driver.

Corpsmen from the clinic were quick to respond. Petty Officers First Class Herbert Staton, Alexander Mabile and LT Huy Nguyen, MC, arrived a short time later with medical equipment for such an emergency.

They saw the patient had collapsed and was receiving oxygen from a British medic. Mabile then applied a cardiac monitor to the patient. Along with help from a British doctor, the team administered nitroglycerin, started intravenous fluids and stabilized the patient for ambulance transfer to the nearest British hospital.

There the patient received immediate heart therapy and began recovery. The successful outcome of this emergency is due to the timely and coordinated efforts of the response team from Branch Medical Clinic, St. Mawgan in conjunction with their British counterparts. It also serves as testimony to the importance of proper preparation, training and coordination during these types of medical emergencies. The Branch Medical Clinic at JMF St. Mawgan conducts monthly readiness drills as well as semi-annual joint disaster exercises with their local British colleagues.

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Headline: Atsugi team is ready for any emergency
By Bill Doughty, US Naval Hospital Yokosuka

ATSUGI, Japan-- A passenger-laden C-12 aircraft crashes near the flight line at Naval Air Facility, Atsugi. A team from the Atsugi Branch Medical Clinic responds within minutes to triage, evacuate and care for the casualties. Fortunately, this time the crash is a mass casualty simulation.

An after action assessment of the team's response shows they successfully responded to the emergency. According to base flight surgeon, LT M. S. Euwema, MC, the key to the successful drill - and to medical readiness in any mass-casualty situation - is preparedness.

"We had to not only respond to the injured patients, but my aviation medical technicians and I had to simulate a crash and survivor investigation afterward," he said.

This time the team had 24-hours notice; however, future drills will have no advance warning.

"If a drill occurs, we announce over the loudspeaker so all personnel and patients are aware," said Euwema. "We have a large disaster board in our hallway that clearly states where every person in the clinic is to report and what their main duties are supposed to be. It is updated daily and people can use it to check their part in a real

disaster."

Although the drills interrupt routine patient service, the clinic trains with as little disruption to the regular clinic schedule as possible. "We are as ready to deal with this type of problem as we can be, but we will continue to do drills to keep our ready status," Euwema said.

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Headline: TRICARE question and answer

Question: I am on active duty and stationed away from a military treatment facility. What will I do for medical care, and will I have to pay?

Answer: Currently, as an active duty member, you are covered for your health care needs. Even if you are stationed in an area without military medical facilities, you will not be required to pay for the health care you may need. In the event of an emergency or demand for payment upon receipt of authorized care, servicemembers can be reimbursed.

If your duty station or unit resides more than 50 miles from a military treatment facility (hospital or clinic), you are probably assigned to a Geographically Separated Unit. Members assigned to a recruiting district or to Navy ROTC units are examples of members who fall into this category.

Policy changes are being worked to provide TRICARE Prime from a civilian Primary Care Manager in the local area for Geographically Separated Units. Your Primary Care Manager will be responsible for ensuring you get appropriate preventive services, taking care of your routine illnesses or injuries, and managing your referral to specialists or hospitals if needed.

This program will be called TRICARE Prime Remote, and it is expected to begin by winter 1999. As you are enrolled in TRICARE Prime Remote, the Military Medical Support Office, formerly the Office of Medical and Dental Affairs, Great Lakes, Illinois, will continue to be the case manager of your health care. This includes military oversight, fitness for duty determinations and readiness.

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Headline: Healthwatch: Help your child pay attention
By LT Scott Johnston, US Naval Hospital Yokosuka

YOKOSUKA, Japan - Studies show that Attention Deficit/Hyperactivity Disorder (ADHD) affects approximately 4 percent (possibly up to 3.5 million) of all American children. ADHD is currently the most researched childhood disorder and the most common reason for children to be referred to mental health practitioners.

This disorder is an important problem to identify and treat because it has been closely associated with school failure, poor self-esteem, behavior problems, and peer difficulties. The main symptoms of ADHD are inattention,

hyperactivity and impulsivity. These symptoms are normally exhibited before the age of seven. Boys are diagnosed at a rate up to five times greater than that of girls. Some specific symptoms are:

- Failure to give close attention to details
- Difficulty sustaining attention in tasks or play activities
- Failing to follow through on instructions and to finish schoolwork
- Easily distracted by extraneous stimuli
- Fidgeting with hands or squirming in seat
- Running about or climbing excessively when it is inappropriate
- Talking excessively
- Blurting out answers before questions have been completed
- Difficulty awaiting turn
- Interrupting or intruding on others

Before a child is diagnosed with ADHD, a thorough evaluation, including a clinical interview, the completion of behavioral ratings scales by parents and teachers and a direct behavioral observation of the child should be done. A medical evaluation or administration of specific psychological tests may also be necessary.

When a child is diagnosed with ADHD, a successful treatment plan requires the coordinated efforts of a team of health care professionals, educators, and parents. Treatment should include parent training in behavior management, an appropriate educational program, individual and family counseling when needed, and medication when required.

Parents play a critical part in managing the disability and need to receive the training, guidance and support to deal effectively with their child. Through counseling, the family can learn what to expect and how best to help. The child with ADHD may also benefit from having a counselor to help establish their own internal control, improve peer interactions, and build self-esteem.

Local resources can help if you feel your child may have ADHD. Some places to start are your school, medical treatment facility and family service center.

For more information, there is also a web page for Children and Adults with Attention Deficit Disorders (<http://www.chadd.org/>).

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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